FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

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1. (a) Name of Individual, Organization or Corporation California Nurses Association Political Action Committee (CNA FAC)				
(b) Address (nümber and street)check if different than previously reported 2000 Franklin Street				
(c) City, State and ZIP Code	3. FEC Identification Number			
Cakland , CA 94612 2. Occupation and Name of Employer (for Individuel Filers Only)	C C90013616			
4. TYPE OF REPORT (check appropriate boxes):				
(a) April 15 Quarterly Report [] July 15 Quarterly Report [] 24-Hour Report				
October 15 Quarterly Report 48-Hour Report				
☑ January 31 Year-End Report				
b) Is this Report an amendment? IN No Yes, it amends the report filed on 5. COVERING PERIOD: FROM 10 7 01 2015				
THROUGH: 12 31 2015				
6. TOTAL CONTRIBUTIONS	0,00			
7. TOTAL INDEPENDENT EXPENDITURES	2,410.00 1,410.00 1,410.00			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.				
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE			
Malinda Markowicz NOTE: Submission of falsa, emonagus or incomplete information may subject the person signing this report to				

For further Information, contact: Federal Election Commission, 999 E Street, N.W., Washington, O.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

FEC Schedule 5 (REV, 02/2013)

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CHEDULE 5-E EMIZED INDEPENDENT EXPENDITURES				PAGE 1 OF 2 FOR LINE 7 OF FORM 5
AME OF FILER (In Full)				In endance of the ending
elifornia Nurses Association Political Action Con	nmittee	(CHA PAC)		
Full Name (Last, First, Middle Initial) of Payee			_	Date of Public Distribution/Dissemination
Yolo County Democratic Central Committee				hilburidad i hikartadol i hikariadada.
Mailing Address				10 03 2015
				Amount
P.O. 50x 1112	ate	Zip Code		និការបស់ពីការនៅនៃលេចចំនួចមានីនៃការបើបចេនពីកែលនៅនៃពេលនៃការកើនបាលនៃការ Mitority
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Purpose of Expenditure		Cologood Jarraginangerean	0::	
Event Advantisement	.	Category/	Onio	ce Sought: House State:
	Con and the	(Breammoniemeal)		President District:
Name of Federal Candidate Supported or Opposed by	Expendit	ure:	Cha	ck One: X Support Oppose
Bernie Sandera			C116	ak One. IX Support Oppose
Calendar rear-10-Date Fer Election \$		2,410 g00 \$	Dist	oursement For: X Primary 16 General
	ordinant:	इन्द्रेनीय रू ष प्रदेशकार्थन द्वारा व्यक्ति त्राच्या स्थानिक स्थानित है।		Other (specify)
Full Name (Last, First, Middle Initial) of Payee San Diego County Democratic Party				Date of Public Distribution/Dissemination
				10 3 24 2 2015
Mailing Address				10 24 2 2015
8340 Clairemont Kesa Blvd., Suite 105				Amount
City	ate	Zlp Code		գոուդրոոպոսուլաս ւկու ակոսա <u>ը</u>
San Diego , CA 92111				immelitasetheretheretheretheretheretheretherethe
Purpose of Expenditure	, i	Category/	Offi	ce Saught: House State:
Event Advort10ement		Type 1004 1		Senate District:
Name of Federal Candidate Supported or Opposed by	Expendit	ure:		x President
Bernie Sanders			Che	ck One: 🔀 Support 🔲 Oppose
Colondar Voca To Date Dos Florida Fireyajassinguana	ininikwa ku	ennikanna Motteriiki dalik anadinan sii	Dist	oursement For: X Primary16 General
Calendar Year-To-Date Per Election for Office Sought		2,410,00		Other (specify)
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Full Name (Last, First, Middle Initial) of Payee Los Angeles County Democratic Party				Date of Public Distribution/Dissemination
<u> </u>		<u></u>		Ti gos 2015
Mailing Address				bumfacude franchemal hooseles-steen
3550 Wilshire Blvd., #1202				describestions formula and mentionarilise and social and a transfer or the tra
City St	ate	ZIp Code		750.00
Los Angeles CA 90010				Become by and march and another more properties and march to the contract of t
Purpose of Expenditure		Category/	Offi	xe Sought: House State:
Event Advarcisement		Tanananan Tanan		Senate District:
Name of Federal Candidate Supported or Opposed by	Expendit	ure;		x President
Bernie Sandars			Che	ck One: X Support Oppose
Calendar Year-To-Date Per Election	-maliania.	mademmalionellor-signarizmedi	Dist	pursement For: X Primary16 General
Se Office Squabt 1	i ออกเลียนเลือ	2,410,00 Å		Other (specify)
				Sunnihmat Sunnihmande (S) Shirminan menanda saring syang
(a) SUBTOTAL of Itemized Independent Expenditures				3 010 00
				สู 2,010.00
(b) SUBTOTAL of Unitemized Independent Expenditures		••••••		a Booodinaastamahmastireedinaastamitiineetta 1. Misandisen Booodinaastamahmastireedinaastamitiineetta 1. Misandisen
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(c) TOTAL Independent Expenditures				g Menichandbeurelinzähnantkonnehminkunder versählimin
(c) TOTAL Independent Expenditures (corry total from last page forward to Line 7)				term disspelling advantilization of the standard of the standa
ANDAR PDE				FEC Schedule 5-E

HEDULE 5-E		PAGE 2 OF 2
MIZED INDEPENDENT EXPENDITURES		FOR LINE 7 OF FORM 5
ME OF FILER (in Full) formie Nurses Association Political Action Committee	: (CNA PAC)	
Full Name (Last, First, Middle Initial) of Payee Ichs with Justice San Prancisco		Date of Public Distribution/Dissemination
Mailing Address		11 1 19 19 1 2015
05 Golden Gate Avenue		Amount
City State	Zip Code	ម្នាល់ប្រជាពលរដ្ឋបាលប្រជាពលរដ្ឋបាលប្រជាពលរដ្ឋបាលប្រជាពលរដ្ឋបាលប្រជាពលរដ្ឋបាលប្រជាពលរដ្ឋបាលប្រជាពលរដ្ឋបាលប្រជាពល 6 1000 - 0.00 - 1.00
Purpose of Expenditure	Sound and desired	Office Sought: House State:
West Advertisement	Category/ Type 004	Senate District:
Name of Federal Candidate Supported or Opposed by Expenderation Service Sanders	liture;	x President Check One: x Support Oppose
Calendar Year-To-Date Per Election	กระดาการกระดาการกระดาการกระดาการกระดาการกระดาการกระดาการกระดาการกระดาการกระดาการกระดาการกระดาการกระดาการกระดาก	Disbursement For: X Primary 16 General Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
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City State	Zip Code	Autonitissessämmidhamelinnolinopalmintilinossässa Sanonin
Purpose of Expenditure	Category/	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expend	Type i southeasterment	Senate District: President Check One: Support Oppose
Calendar Year-In-Date Per Election	grang anang angangangangang	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee		புக்கள் பிரும்பில் பிரும்பில் நிரும்பில் பிரும்பில் பி
Malling Address	· · · · · · · · · · · · · · · · · · ·	Amount
Clty State	Zip Code	ราบารกฎรพบอาเกลย์เกรายกลุ่มสายสุดเกรายการการคระบายพูช การการที่สายสายสิทธานารการครั้งสายสายสายสายสายสายสายสายสายสายสายสายสายส
Purpose of Expenditure	Category/ Type	Office Sought: House State: Senate
Name of Federal Candidate Supported or Opposed by Expend		President District: Check One: Support Oppose
Calendar real-10-Date Fer Election	in enchance in minimum franchischen	Disbursement For: Primary General Other (specify)
a) SUBTOTAL of Itemized Independent Expenditures		สายออกถูกของผู้เกาะขาวามของสามารถเล่ว (2000) (4.000)
(b) SUBTOTAL of Unitemized Independent Expenditures		Reanthamailmont Regularmailman securitory, assess, as a main
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)		

Via FAX

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(8/2013)